

Joint Commission Behavioral Health Accreditation On-Site Survey Overview

A snapshot of the survey process

About this Overview

At The Joint Commission, we understand that while the accreditation process can be very rewarding, it can also

The On-Site Survey Process

The purpose of a Joint Commission accreditation survey is to assess an organization's compliance with applicable Joint Commission accreditation requirements. Understanding your unique organization and assessing how you are meeting the accreditation requirements that apply to you is accomplished through observation and interviews as well as document reviews. It ensures that your survey is an educational experience, not just a compliance exercise. It may include:

Survey Options

Initial (Full) Survey

Initial surveys are for organizations that are seeking Joint Commission accreditation for the first time. The full scope of applicable accreditation requirements is reviewed during the on-site survey, and the date of the survey is scheduled with the organization with a 30 day notice of scheduled dates. Organizations are expected to be able to demonstrate compliance with all applicable accreditation requirements during this survey.

Early Survey Option:

The Early Survey Policy allows an organization new to Joint Commission accreditation to enter the accreditation process in two stages. Available for new organizations and for those already established, the Early Survey Option is different than a normal, full survey in that this option consists of two on-site visits. For an organization not yet providing care, treatment or services, this option makes it possible to set up the business operations on a foundation of compliance with administrative and organizational requirements before the first individuals are served. For an established organization it provides accreditation with more intensive consultation/education during the first of two surveyor visits.

Converting a Full Survey to an Early Survey

There are occasions when an organization has requested a full survey, but once the surveyor begins the on-

Survey Scheduling

Your first Joint Commission accreditation survey needs to be scheduled within twelve months from the time we receive your Application for Accreditation. In the application, you'll indicate the date you will be ready for your initial on-site survey. The Joint Commission will then schedule the survey as soon thereafter as possible.

You can also indicate 15 dates that you would not like the survey to be conducted. Our account executives will work with you to schedule your survey, and you will have at least 30 days notice of the exact date that the surveyor(s) will be there.

Postponement and Delays

We understand that sometimes things don't go according to plan. So The Joint Commission also provides for the delay or postponement of surveys.

For initial surveys, your organization may contact their account executive to change the "ready" date submitted in the application at any time prior to the scheduling of the initial on-site survey. Once scheduled, you have 20 business days to request a postponement without financial penalty. After 20 business days, a penalty is incurred if you request the postponement of a scheduled initial on-site survey.

For resurveys, an organization can postpone the survey without financial penalty only in the event of a major disruption, such as natural disaster, a major employee strike, or moving the organization or program to a new location. If none of these criteria are met and your organization still wishes to postpone its survey, at the discretion of The Joint Commission, the survey may be postponed for a fee so long as it is more than twenty (20) days before the first day of the scheduled survey.

Not sure who your Account Executive is? See your Joint Commission Connect™ home page, or call 630.792.3007.

Important Notes for Scheduling Your Survey

When completing your application for accreditation, you should identify all of the services/programs that you provide and the location of each site. It is important that all of these are listed so The Joint Commission can determine how many surveyors and how many days will be needed for the on-site survey. The surveyor(s) then plan the review of the sites of programs/services with the organization based on the following criteria:

1. Physical Site review of every 24-hour site
2. Sampling of a number of the non-24 hour sites. The number of non 24 hour sites reviewed is based on the survey length and the number of sites needing to be reviewed until the surveyor(s) is comfortable with the organization's ability to replicate the quality and safety of care, treatment or services provided through compliance with applicable accreditation requirements. The surveyor(s) will utilize various methods to review the sites including physical site review, technology-based reviews, requesting representative staff and records from multiple 24-hour sites to gather at one site, and utilizing similar methods used by the organization to manage its programs/services.

If your corporation contains multiple operations in multiple states, ask your account executive about our unique options for multi-organizational entities. These options include a corporate orientation and/or summation, scheduling the same surveyor to lead or conduct all the surveys, providing one account executive for all entities, and more.

Fees and Survey Scheduling

Upon completing your application for accreditation, submit the application with a \$1,700 deposit, which is applied towards your accreditation fees. Submitting your application without the deposit will delay the scheduling of your survey.



Need a price quote? Call our Pricing Unit at 630.792.5115, or download pricing examples or a fee worksheet at www.jointcommission.org/BHCS.

Accreditation Requirements

The Joint Commission's Comprehensive Accreditation Manual for Behavioral Health Care (CAMBHC) is the place to begin when preparing for accreditation. The CAMBHC is the basis for an accreditation survey, but the manual is also designed for use in self-assessment activities. It is available in both an on-line version and in print.

The individual-focused requirements include chapters on Care, Treatment and Services; Infection Prevention and Control; Medication Management; Record of Care; Rights and Responsibilities of Individuals; and Worker Safety Testing.

The organization-focused requirements include chapters on Emergency Management; Environment of Care; Human Resources; Information

Information Needed for the Preliminary Planning Session and Survey Planning Meeting

Please have the following available for your surveyor(s):

- Performance Improvement Data
- Environment of Care data as follows:
 - Statement of Conditions (SOC) and Plans for Improvement (24-hour care settings only, not including foster homes)
 - Management Plans and annual evaluations, if applicable
 - Environment of Care meeting minutes for the 12 months prior to survey, if applicable
- Reports from regulatory agencies
- An organization chart
- A map of the organization, if available
- List of areas/programs/services within the organization, if applicable
- Any reports or lists of individuals (e.g., appointment schedules) that will help in identifying individuals to trace
- Name of key contact staff who can assist surveyors in planning tracer selection

Please note that any written documentation required for your survey will be noted in the accreditation manual with a (D) icon next to it.

For further details on foster care or respite care accreditation surveys, or other surveys with non-traditional locations or hours, please contact your Account Executive.

Decisions and Scoring

Accreditation Decisions

The final accreditation decision for your organization, which is valid for approximately three years, will be awarded in one of these six categories:

- Accredited
- Preliminary Accreditation
- Accreditation with Follow-up Survey
- Contingent Accreditation
- Preliminary Denial of Accreditation
- Denial of Accreditation

Certification Decisions

The final certification decision, valid for approximately 3 years, has only two categories.

- Certified
- Not Certified

Scoring

Joint Commission accreditation requirements are organized in the following manner:

Standard: This is a statement that defines the performance expectations and/or structures or processes that must be in place in order for an organization to provide safe, quality care, treatment or services. An organization is either “compliant” or “not compliant” with a standard.

Rationale: This is a statement that provides background, justification, or additional information about a standard. A standard’s rationale is not scored. In some instances, the rationale for a standard is self-evident. Therefore, not every standard has a rationale.

Element(s) of Performance (EP): Every standard has one or more Elements of Performance. These are the specific performance expectations and/or structures or processes that impact standard compliance. The scoring of the Element(s) of Performance determines an organization’s overall compliance with a standard. Elements of Performance are evaluated on the following scale:

0 = Insufficient compliance

1 = Partial compliance

2 = Satisfactory compliance

NA = Not applicable



Need to know if what you’re doing is in compliance with a specific standard? Contact the Standards Interpretation Group at www.jointcommission.org/standards_information/jcfaq.aspx

After Your Survey

When an organization is found not to be in full compliance with one or more accreditation requirements during an on-site survey, it results in finding called a

Information for Re-Surveys

As the accreditation process does not end when the on-site survey is completed, neither does the need for

You're Accredited – Make the Most of It!

Once you have achieved accreditation, promote your new status to your community as well as payers, contracting agencies and referral sources. Every accredited organization has access to a free publicity kit and Gold Seal artwork at www.jointcommission.org/publicitykit.

The kit contains:

- suggestions for publicly celebrating your accreditation
- guidelines for promoting your accreditation status
- sample news releases and other publicity materials
- Joint Commission Gold Seal of Approval™ downloadable artwork.

You may also wish to include the Joint Commission's Gold Seal of Approval™ on items seen by the public, your referral sources, and those you serve and their families, including:

- Business cards
- Websites
- Building signs
- Stationery
- Marketing materials like ads, brochures and conference banners.

